

consonant, all of which is less marked in reading aloud than when speaking. There are no abdominal or thoracic symptoms; urine normal; no constipation; sleep generally quiet; no nocturnal enuresis. His mother states that it takes him longer to void urine than formerly. Pulse standing), 84—regular. Intelligence unimpaired. Ophthalmoscopic examination: "Vision normal; accommodation active; pupils even, oscillating three mm.; color vision normal; field free; fundus, slight posterior staphyloma, vessels slightly smaller than usual; no nystagmus, but some slight ataxia of muscles of eyeball."

During the past few years Friedreich's ataxia has been fully recognized by the profession, cases being recorded from time to time in the journals, so that the salient points of difference between it and Duchenne's *tabes dorsalis* are now generally acknowledged. Onmerod ("Brain," vol. vii., p. 111), Carré, Dreschfield, and Powers have reported cases. The symptoms in his patient, Dr. Blackader thinks, point to disease confined almost entirely to the posterior columns, but involving also the medulla. Cerebellar trouble would seem to be excluded by the history, by the absence of occipital pain and of optic neuritis, the absence of patellar reflex, and the presence of ataxia in the upper extremities. True *tabes* is also excluded by the age (six years) when the disease appeared, the impairment of speech, the absence of lightning pains and of alteration in pupillary reflexes. Insular sclerosis would give somewhat similar symptoms. The absence of eye symptoms and any paresis or spastic rigidity would exclude such a diagnosis. From other cases of Friedreich's disease, this differs in the following particulars: the absence of any other known case in the family, the previous migraine, and the indications of some paresis of the bladder.

SYPHILIS AND GENERAL PARESIS.

The "Bulletin de la Société de Médecine Mentale" for March, 1890, contains Dr. Cuylit's paper on this subject. Three hypotheses exist concerning the relation of syphilis and general paresis. One, that general paresis always has syphilis as a cause. Another, that syphilis never causes it. And the third, that syphilis exercises some influence upon its production, whether as determining or occasional cause. There is still another view to take of the case: general paresis engenders syphilis. The general paralytic during the stage of excitement that precedes the development of his true malady gives way to every kind of excess, especi-

ally sexual excess, and is particularly liable to contract syphilis. Thus, from being paralytic, he becomes syphilitic. An interesting case is cited where general paresis of the insane followed the tertiary stage of syphilis, ten years after the first symptoms of specific poisoning. This late development is the rule. A non-syphilitic sister of the patient was also insane, suffering from ideas of persecution. While paresis may follow syphilis in eight or ten years, it does so only when one powerful aid is present—unsoundness of the nervous system, or heredity. As Dr. Régis puts it: "To manufacture general paretics, inoculate the sons of apoplectics with syphilis." Alcohol, tobacco, and sexual excess may bring about paresis in the nervously unsound. Is not persistent dissipation an evidence of a depraved nervous system? The record of thirty cases of general paresis appearing at the asylum of Everre during a few months, may be arranged as follows:

<i>Men.</i>	<i>Women.</i>	<i>Doubtful or non-syphilitic.</i>	<i>Syphilis probably.</i>	<i>Syphilis.</i>
19	11	5	5	9
11		4	3	4

THE ETIOLOGY OF EPIDERMIC HERPES ZOSTER.

The "Gazette des Hôpitaux" (Feb. 25, 1890) contains a review of Gautier's ideas upon this subject. The author thinks it a general infectious disease, of limited contagiousness, falling in particular upon the intervertebral ganglia, and producing its eruption, as other erythematous general infectious diseases, certain poisons, such as carbon oxide and arsenic also produce herpes zoster.

Predisposition plays an important role in its production. Three-quarters of the number attacked are the victims of arthritis—the disease of retarded metamorphosis.

A few things yet remain to be done: To isolate the pathogenic micro-organism; to make cultures of it; to inoculate the sound and produce herpes zoster by this means.

CULLERRE'S CLASSIFICATION OF INSANITY.

In "Brain," January, 1890, there is a careful review by E. Birt, of Cullerre's "Traité Pratique des Maladies Mentales." The author of this manual is medical director of the lunatic asylum at Roche-sur-Yon, and his treatise is an exposition of psychological medicine as taught by the present French school. The system of classification of insanity that he adopts is based upon the French classic model, comprising three great divisions, viz.: (1) primary alienations; (2) alienations associated with organic cerebral